## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

114549,398

I		uiii		CLAIMS AS FILED - PART I								1700-9-20					
L				mn 1)	•			SMALL EN	YTITY	OR		R THAN ENTITY					
U.S	. NATIONA	L STAGE FEES	·				1	RATE	FEE	7	RATE	FEE					
BASIC FEE			SMALL ENT. = \$ 150		LAF	RGE ENT. = \$ 300	1	BASIC FEE			BASIC FEE	FEE					
EXAMINATION FEE			Satisfies PCT	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200		EXAM. FEE	<del> </del>	-  "``	<del></del>	<del> </del>					
SEARCH FEE .			U.S. is ISA = ALL other o	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500		SEARCH FEE	<del>                                     </del>	1	EXAM, FEE SEARCH FEE	-					
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 <del>=</del>		X \$ 125 =	<del> </del>	1	X \$ 250 =	<del> </del>					
TOTAL CHARGEABLE CLAIMS			83 m	ninus 20 =	*			X \$ 25 =	<del> </del>	OR	X \$ 50 =	<del> </del>					
INDEPENDENT CLAIMS			3	minus 3 =	*			X \$ 100 =	┼	1	<del></del>	ļ					
MUL	TIPLE DEPE	NDENT CLAIM PR	ESENT	<u>-</u>				+ \$ 180 =	<del> </del>	OR	X \$ 200 =	<u> </u>					
* If t	he differend	ce in column 1 is	ess than zero, enter "0" ir			olumn 2		TOTAL	ļ	OR	+ \$ 360 =						
								TOTAL	L	OR	TOTAL						
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	0.0	OTHER							
		CLAIMS HIGH				(Column 3)	OWALLE		2141111	OR	SMALL	ENTITY					
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
NON I	Fotal	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =						
AM I	ndependent	<u> </u> *	Minus	***		=		X \$ 100 =		OR	X \$ 200 =						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C			LAIM		ľ	+ \$ 180 =	,	OR	+ \$ 360 =							
<b>.</b>		*,				· · · · · · · · · · · · · · · · · · ·		TOTAL ADDIT. FEE		OR L	TOTAL ADDIT. FEE						
<del></del>		(Column 1)		(Columi	1 2)	(Column 3)											
20   20   21		CLAIMS REMAINING · AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
AMENDIMEN I	otal	*	Minus	**		<b>=</b>	T	X \$ 25 =		OR	X \$ 50 =	,					
in In	dependent	*	Minus	***		=		X \$ 100 =		⊢	X \$ 200 =						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		-	+\$ 360 =						
							L	OTAL ADDIT.		Ļ	OTAL ADDIT.						
						٠		FEE		OR '	FEE						

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.